

Case Number:	CM14-0040100		
Date Assigned:	06/27/2014	Date of Injury:	11/06/2012
Decision Date:	08/13/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant was injured on 11/06/12 when she slipped and fell. Her medications are under review. She reportedly has chronic bilateral shoulder arthralgia and recurrent myofascial strain with chronic neck pain and radicular pain in the upper extremities. She is status post right shoulder surgery with failed shoulder surgery syndrome and is dependent on medications Colace, Cyclobenzaprine, and Naproxen for pain relief and functionality. On 02/21/14, the clinical evaluation did not record any clinical physical examination findings. On 03/19/14, she saw [REDACTED] for adhesive capsulitis of the shoulder and fibromyalgia. Her pain is chronic but was improving with treatment. She had pain radiating from the shoulder down the right arm to the hand. It was sharp and stabbing. Her present pain score was 5-6/10 and it averaged 7-8/10. After treatment her pain is 4/10. Her pain is constant but varies and it interferes with sleep. She had right shoulder joint swelling and stiffness with muscle spasms. Mild weakness was noted. She reported constipation related to the use of medications. She was taking Naproxen with 50% decrease in pain. She was taking Flexeril also with a 50% decrease in pain; adverse side effects included sedation. She had not had any medications over the last month because they were not authorized. She is obese and her shoulder was elevated on the right side. She saw [REDACTED] on 01/23/14 for a QME. An MRI dated 03/25/13 revealed an SLAP lesion, tendinosis and tenosynovitis. She had severely restricted range of motion with persistent right upper extremity pain. She started physical therapy but remained in a lot of pain and discomfort. She complained of right shoulder pain and right upper extremity pain with numbness and tingling. She had difficulty pushing and pulling heavy objects and reaching above the shoulder could be difficult at times. She had very restricted range of motion. She was using Naprosyn and Norco. The examination revealed right shoulder range of motion with abduction of 70 and forward flexion of 80. She had rotator cuff impingement and local tenderness and swelling with decreased strength.

She had positive Tinel's and Phalen's at the wrist and elbow. She had decreased light touch sensation in the right upper extremity. She underwent an EMG/NCV that revealed right median and ulnar neuropathy. She had not reached MMI.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Colace 100mg #90 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, 2014 and www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 104. Decision based on Non-MTUS Citation PDR, 2014: Colace.

Decision rationale: The history and documentation do not objectively support the request for Colace. The claimant reportedly experiences constipation as a result of her medications but it is not clear which one. There is no evidence that the constipation is due to another cause. The MTUS state NSAIDs: Mechanism of action: Inhibits prostaglandin synthesis by decreasing the activity of the enzymes COX-1 and COX-2, which results in decreased formation of prostaglandins involved in the physiologic response of pain and inflammation. Side Effects: Other common side effects include the following GI: abdominal cramps, nausea/vomiting, diarrhea, constipation. However, the continued use of Naproxen has been deemed not medically necessary. Therefore, the ongoing use of Colace 100 mg #90 with 5 refills is also not medically necessary.

Cyclobenaprine 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for Chronic Pain Page(s): 74, 94.

Decision rationale: The history and documentation do not objectively support the request for continued use of Cyclobenzaprine. The MTUS states Cyclobenzaprine (Flexeril) is recommended as an option using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief. Additionally, MTUS and the Official Disability Guidelines state relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication

should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005). The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as Acetaminophen and her response to them, including relief of symptoms and documentation of functional improvement, has not been described. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. As such, this request for Cyclobenzaprine Hydrochloride 5 mg #30 is not medically necessary.

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Medications for Chronic Pain Page(s): 94, 102.

Decision rationale: The history and documentation do not objectively support the request for continued use of Naproxen for the claimant's ongoing pain. The CA MTUS states that NSAIDs for Osteoarthritis (including knee and hip) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to Acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Acute exacerbations of chronic pain are recommended as a second-line treatment after Acetaminophen. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Neither of these conditions had been noted in the file and there is no evidence of a chronic inflammatory condition. The MTUS state before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication is to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005) There is also no evidence that

the claimant has tried and failed use of Acetaminophen. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. The continued use of Naproxen is not medically necessary.